

# Applied Assessments LLC

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Oct/30/2013

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

6 additional physical therapy visits

### A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Family Practice

### REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 09/04/13, 10/07/13

Office note dated 09/16/13, 09/30/13, 08/29/13, 08/26/13

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. On this date the patient fell, landing on the right hip. The patient has completed 13 physical therapy visits to date for diagnosis of sprain of other specified sites of hip and thigh. Progress note dated 09/30/13 indicates that the pattern of symptoms is worsening. She has more pain for the last week. She is doing a home exercise program. She has been busier at work and has been working within duty restrictions. On physical examination right knee is stable to varus and valgus. Drawer sign is negative. There is no effusion. McMurray's and Lachman's are negative. Right hip has full range of motion and tenderness along the lateral hip and up into the lumbar area.

Initial request for 6 additional physical therapy visits was non-certified on 09/04/13 noting that the patient has reached the amount of therapy normally suggested for this condition in the evidence-based guides with no documentation in the clinical records as to why the patient would need more than usual skilled therapy care. Additional therapy should be provided through the active, independent home exercise program advocated by the evidence based guidelines. Also, further assessment may be reasonable to determine why the patient is not responding. The denial was upheld on appeal dated 10/07/13 noting that current evidence based guidelines support up to 9 sessions of physical therapy for the patient's diagnosis, and

there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The patient sustained a hip sprain and has subsequently been treated with 13 physical therapy visits to date. The Official Disability Guidelines Hip and Pelvis Chapter would support 9 sessions of supervised physical therapy for this diagnosis. There is no clear rationale submitted for review to support continuing to exceed ODG recommendations. It is unclear why any ongoing functional deficits cannot be addressed with an independent, self-directed home exercise program. As such, it is the opinion of the reviewer that the request for 6 additional physical therapy visits is not recommended as medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)